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(R	equestor's Name)		
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(C	ity/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  DICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(C	Ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:		
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TO: Registration Sec Division of Corp			
SUBJECT: TOP	7 Auto De	a Liability Company	<del>,</del>
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	61berto 1	Bennette Name of Person	LLC
		Firm/Company	
	4210 can	nden Rd Address	2019
	Tallahasse	Address  Address  City/State and Zip Code  Oeal Come to be used for future annual report notifialt:	23 8-110 101 101 101 101 101 101 101 101 101
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	. ω Θ
Glberto B	2	at (561) 727	.0215
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

top I AU to	Deal LL	<u>و</u>					
(Name of the Limited I	Liability Compar Florida Limited L	iy as it now appe iability Company	ars on our r	ecords.)	, .		
The Articles of Organization for this Limited Liabi Florida document number <u>U 8 0000 97</u>	ility Company	were filed on _	April	18 2	2018 <sub>0</sub> a	nd ass	igned
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liabi	lity company	here:				
The new name must be distinguishable and contain the word	s "Limited Liabil	ty Company," the	designation	"LLC" or th	ne abbreviat	tion "L.	L.C."
Enter new principal offices address, if applicable	le:						
(Principal office address MUST BE A STREET A	ADDRESS)						<del></del>
Enter new mailing address, if applicable:						, 	2019 J
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>					- <u>:</u> .	<u> </u>
			·		-	· · · · · · ·	8
B. If amending the registered agent and/or		Gan add=non i		sauda am	• • <b></b>	., ,	PH
registered agent and/or the new registered office			on our rec	corus, <u>en</u>	<u>ter the r</u>	iame : :	က <u>က် က</u>
							8
Name of New Registered Agent:						<u>-</u> _	
New Registered Office Address:							
		Enter F	lorida street a	nddress			
-		City		_, Florida	7/10	. Coda	
New Registered Agent's Signature, if changing Reg	istored Agent:	Cu)			Σιρ	Coue	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the register and the second company has been notified in writing of the change in the register.	igent and agre and complete red agent as p istered office	performance ( rovided for in	of my dutie Chapter (	es, and La 605, F.S.	am famili Or, if thi.	ar wit. s docu	h ana iment
	If Chan	ging Registered	Agent, Signa	ture of Nev	w Registere	ed Agen	<u></u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = M $AMBR = A$	ianager uthorized Member		
<u>Title</u>	Name	Address	Type of Actio
MGR	Michael Delisca	ZZIE magnola cir Apt	Add
		Tallahassee FL,	E Kemove
			Change
MGR	motletha Bennette	4210 canden Rd	C Add
		Tallahassee F1, 3230	□ Remove
			Charles
			7 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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Effective date. if	other than the	date of filin	g:			(option	al)	
f an effective date is	listed, the date must inserted in this blo	be specific and	d cannot be prio	r to date of filin	g or more than	90 days after fil	ling.) Pursuan	n to 605 be list
document's effect	ive date on the De	partment of !	State's records	S.				
ne record spec	ifies a delayed	effective (	date, but n	ot an effect	tive time, a	t 12:01 a.i	n. on the	earli
The 90th day	after the reco	ord is filed.						
Dated <u></u> Jul	, y 8		2019	<u></u> .				
		1 R	. 0	>	-			
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		Signature of a	member or auti	horized represe	ntative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00